



PEIA Plan Year 2017 Changes

The following benefit changes affect State, Non-State and Non-Medicare Retiree members and their enrolled dependents beginning July 1, 2016.

- Medical Home office visit copayment will remain at \$10 per visit for PEIA PPB Plans A, B and D.
- Urgent Care copay increases to \$50 for PEIA PPB Plans A, B and D.
- For Comprehensive Care Partnership (CCP) Program members, ANY non-CCP office visit now requires the \$40 specialist office visit copay.
- The Face-2-Face Diabetes Program is limited to two years. Current F2F members are permitted two more years of services starting July 1, 2016, as long as they continue to meet the other requirements of the plan.
- Out-of-state, non-network services are no longer covered in any of the PEIA PPB Plans. Patients are responsible for 100% of billed charges from non-network providers outside West Virginia, except in a medical emergency or when approved in advance by HealthSmart.
- Implemented Facility fee limits for select facility-based services.
- Additional emergency room copay of \$500 for high-risk behaviors, such as:
 - Accidents while driving motorcycle or UTV/ATV without a helmet
 - DUI/DWI or drug -related accidents
 - Failure to wear seatbelt(s)
- No change to the prescription drug deductibles or copayments.
- Opioid pain medications have quantity limits (QL) for all medications in the opioid class. Additional quantities require Prior Authorization.

New Pharmacy Benefit Manager. PEIA changed Pharmacy Benefit Managers from Express Scripts to CVS Caremark on July 1, 2016. **PEIA members are not required to use CVS pharmacies.** CVS Caremark's network includes all of the major chain pharmacies and most local pharmacies. The change to CVS Caremark brought changes to the Preferred Drug List, so some patients may be seeking alternative medications on the new Preferred Drug List. Affected members were notified of the changes. See [CVS Caremark's Preferred Drug List](#).

Healthy Tomorrows. PEIA has moved to Phase 3 of the Healthy Tomorrows initiative for active employees and non-Medicare retirees in the PEIA PPB Plans. Phase 3 requires policyholders to have blood pressure, blood glucose and cholesterol within an acceptable range or have a physician's certification that those numbers cannot be met. The Phase 3 reporting form is available [here](#). It can be used to report blood pressure, glucose, cholesterol and waist circumference results obtained between April 2, 2016 and May 15, 2017. **Forms are due by May 15, 2017.** In any year that members do not comply with the Healthy Tomorrows initiative, members face an additional \$500 medical deductible.

NOTE: PEIA covers an annual physical for members at no cost. Details of the benefit and billing instructions can be found here <http://www.peia.wv.gov/Health-Plans/Documents/PEIA%20Adult%20Annual%20PCP%20Visit%20-%202015.pdf>